22 June 2009

Christine Ireland
Committee Management Officer
National Library of Medicine
6705 Rockledge Drive, Suite 301
Bethesda, MD 20892-7968

Re: Expansion of the Clinical Trial
Registry and Results Data Bank
Docket NIH-2009-0002

Dear Ms. Ireland:

In response to the request for written commentary on Docket No. NIH-2009-0002 regarding regulations to expand the clinical trial registry and results data bank, Schering-Plough provides the following comments for your consideration.

1. Whether to require submission of results information for applicable clinical trials of drugs, biological products, and devices that are not approved under sections 505, 515, or 502(m) of the FDC Act, licensed under section 351 of the PHS Act, or cleared under section 510(k) of the FDC Act (whether or not clearance, approval or licensure was sought).

Disclosure of results under the circumstances described above only provides limited information on a single trial (or set of trials) and does not show the full benefit-risk profile. This can lead to inappropriate conclusions and could potentially introduce bias. It may also result in premature disclosure of intellectual property.

We support the disclosure of results from terminated programs and working with investigators to publish trials that have medically significant results.

2. Whether narrative summaries of the clinical trial and its results can be included in the data bank without being misleading or promotional.

A narrative summary of the clinical trial and its results can be included without being misleading or promotional. We recommend that the PRS (Protocol Reporting System) allow inclusion of the ICH E3 compliant synopsis and sample informed consent, and that the PRS provide links to the approved labeling and any peer-reviewed publications, such as the information found on http://www.nlm.nih.gov/medlineplus.

3. What additional information, if any, that is written in nontechnical, understandable language for patients should be required to be submitted to the data bank.

Please see response to #2.

4. Whether to require submission of the full clinical trial protocol or only such information on the protocol as may be necessary to help evaluate the results of the trial.

We recommend that the full protocol not be required. The protocol often contains confidential and proprietary information (eg, contractual obligations around the conduct of a trial such as names and addresses of laboratory facilities, molecular structures, formulas including excipients, and the clinical development program), as well as detailed instructions that outline sponsor and investigator procedures and obligations that would not facilitate understanding the results of the trial. We suggest that sponsors provide an ICH E3 compliant synopsis of the study at the time of results disclosure as this summarizes important aspects of study design in a more user-friendly manner.

5. Procedures the agency might consider for quality control, with respect to completeness and content of clinical trial information, to help ensure that data elements are not false or misleading and are non-promotional.

The trial sponsors should be responsible for quality control of the data they are submitting, however, we recommend there be a consistent and transparent quality assurance review, and that these standards be made public. In addition, the PRS should consider the use of medically trained personnel in a quality assurance role to ensure appropriate representation of results.

6. Whether the 1-year period for submission of basic results information should be increased to a period not to exceed 18 months.

One (1) year from study completion (eg, Last Subject's Last Visit) is an acceptable time frame for sponsor release of results of qualifying trials.

8. The appropriate timing and requirements for updates of clinical trial information and procedures for tracking such updates.

We recommend updating active studies registered on the PRS on a monthly basis.

9. The format for the submission of clinical trial information including adverse event information, and additions or modifications to the manner of reporting of the data elements established under the basic results reporting provisions of FDAAA.

The format for posting results on the PRS does not adhere to any standard format required or recommended by Regulatory Agencies around the world for sponsor submission of results data to them (eg, as recommended in the Common Technical Document). In addition to non-standard presentation of data, the PRS system is quite inflexible. This often forces data presentation that is difficult to interpret, may be incomplete and is different in layout from what may have been submitted to a Regulatory

Agency or has been presented in the approved product labeling. For example, the presentation of adverse events is by adverse event as opposed to adverse events within a Body System Organ Class (BSOC), percentages are not allowed, and the format makes readability difficult, especially if adverse events extend to more than one screen. We recommend that the PRS allow for uploading of figures (eg, Kaplan-Meier curves) and summary tables to enhance interpretation of results. At a minimum, we strongly recommend that percentages be allowed in addition to raw results.

11. Other issues associated with Section 801 of FDAAA that will inform the rulemaking.

The public currently is not receiving a complete picture regarding trial results, therefore, we recommend that sponsors be allowed to include an ICH E3 compliant synopsis at the time that they are disclosing adverse events.

We also recommend that the safety module on the PRS be modified to allow reporting of other types of important safety results relevant to that particular trial (eg, laboratory data, vital signs, etc.).

Finally, we suggest that a small working group review the approach and look at alternatives to a forms-based way of entering data to a more flexible and reader-friendly method that allows for enhanced quality assurance and control. Because we feel that this would be such an important undertaking, Schering-Plough would be happy to serve on such a working group as well as to facilitate its formation.

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